

**TUBERCULOSIS SKIN TESTING  
FACILITY RECORD**

EMPLOYEE NAME/CLIENT		
DATE OF BIRTH		
ANTIGENS(S) USED		
LOT NUMBERS(S)	(ONE STEP)	(TWO STEP)
DATE(S) OF TEST	(ONE STEP)	(TWO STEP)
DATE(S) READ	(ONE STEP)	(TWO STEP)
RESULTS (IN MM)	(ONE STEP)	(TWO STEP)
GIVEN BY	READ BY	
COMMENTS		

DOH 343-001 (Rev. 10/2000) -1146-



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